U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1. File Number U - 1. File Numbe	S Rec'd	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS	S REPORT.			
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3. Name and address of person filing. A lmond	CMS ORD						
3. Name and address of person filing. Name William 5 Almond P.O. Box, Bidg., Room No., if any Suit 200 Street 5280 Old Springuille Road City Pinson State Albama 2P Code +4 35724 State Rangeristed data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monotary value from an employer whose employees your organization represents or is actively seaking to represent. A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monotary value from an employer whose employees your organization represents or is actively seaking to represent. A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monotary value from an employer (including trade name, if any). Name Welding Services, Inc. Tack Name, if any: WSI Tack Name, if any:	1. File Number U - 2/7/6-5		2. Fiscal Year Covered From:				
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